

PEDIATRIC EMERGENCIES - BRADYCARDIA

1108

Cardiac Arrest in infants and children is rarely a primary event. It is a result of deterioration of respiratory function resulting in decreased cardiac function. Cardiac arrest can potentially be prevented if the symptoms of respiratory failure and/or shock are recognized and quickly treated.

Basic Life Support

1. Maintain airway.
2. Oxygen:
 - 2a. 15 LPM via non-rebreather mask.
 - 2b. Ventilate with 100% oxygen via Bag Valve Mask, if necessary.
3. Monitor vital signs, including Pulse Ox.
4. Call for ALS backup.
5. Transport ASAP.

Advanced Life Support

1. Intubate, if necessary
2. Monitor vital signs, cardiac monitor, and Pulse Ox.
3. IV or IO Normal Saline, LR KVO.
4. If signs/symptoms of poor cardiac function, begin CPR.
5. Epinephrine (repeat every 3-5 minutes as needed).
 - A. 1:10,000, 0.1cc/kg IV or IO.
 - B. ET 0.1 cc/kg [1:1,000]
6. If ordered, give Atropine 0.02 mg.kg per MCP.
 - 6a. Minimum dose: 0.1 mg.
 - 6b. Maximum single: 0.5mg for child; 1.0mg for adolescent.
7. Transport
8. Contact MCP for further orders.

Key Points/Considerations

Poor cardiac function defined as HR <60/min and poor systemic perfusion. Identify and treat possible causes.

Service Director Initials _____

Medical Director Initials _____

Date Approved By KBEMS _____

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